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Under the Pacerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or bocket Number		
CLAIMS AS FILED – PART I (Column 1) (Column 2)						SMALL E	ENTITY	OR	OTHER SMALL E	
		NUMBER FILED NUMBER E				RATE	FEE		RATE	FEE
6ASIC FEE (37 CFR 1.16(a))							s	OR		770.60
TOTAL CLAIMS (37 CFR 1.15(c))					2	x s=		OR	x s=	
INDEPENDENT CLAIMS (37 CFR 1.19(b))		Zminus 3 = .			0	x s=		OR	x s=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ 5=		OR	+ \$=	7711	
* If the difference in column 1 is less than zero, enter *0* in column 2.						TOTAL		OR	TOTAL	770.00
CLAIMS AS AMENDED - PART II								OR	OTHER	THAN
	(Column 1) (Column 2) (Column 3)				(Column 3)	SMALL	ENTITY	ט. ז !	SMALL I	ENTITY
ENT A	31/06	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
₩ (37 C)	Total FR 1.16(c))	76	Minus	·· 20	= 0	x s=	<u> </u>	OR	x s=	
Inde		. 3	Minus	··· 3	= 0	x s=		OR	x s=	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ s=	 	OR	+ s =	/
						TOTAL ADD'L FEE	L	OR	ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			٦		Γ
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Total CFR 1.16(c))	*	Minus	••	=	x s=		OR	x s=	
Z Indo	ependent CFR 1.16(b))	•	Minus	***	=	x s=	:	OR	x \$=	<u> </u>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ s=	:	OR	+\$=	
						TOTAL ADD'L FEE	: L	OR	TOTAL ADD'L FEE	L
		(Column 1)		(Column 2)	(Column 3)	,		_		
O 5		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N N	Total (CFR 1.16(c))	* WINCHADIMENAL	Minus	**	=	x s	=	OR	x \$=	
	dependent CFR 1.16(b))		Minus	***	=	x s	=	OR	x \$=	
AM FI	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5	=	OR	+ \$=	
						TOTAL ADD'L FE	E	OR	TOTAL ADD'L FEE	
- If	the entry in o	column 1 is less th Number Previous Number Previous	an the ent by Paid Fo ty Paid Fo	try in column 2, wi of IN THIS SPACE IN THIS SPACE	rite "0" in colum E is less than 20 E is less than 3,	n 3.), enter "20". enter "3". hest number four		-riata bey i	n column 1	

*** If the "Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, uspectioning gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information of time you require to complete the complete this form and/or suggestions for reducing this purpose.